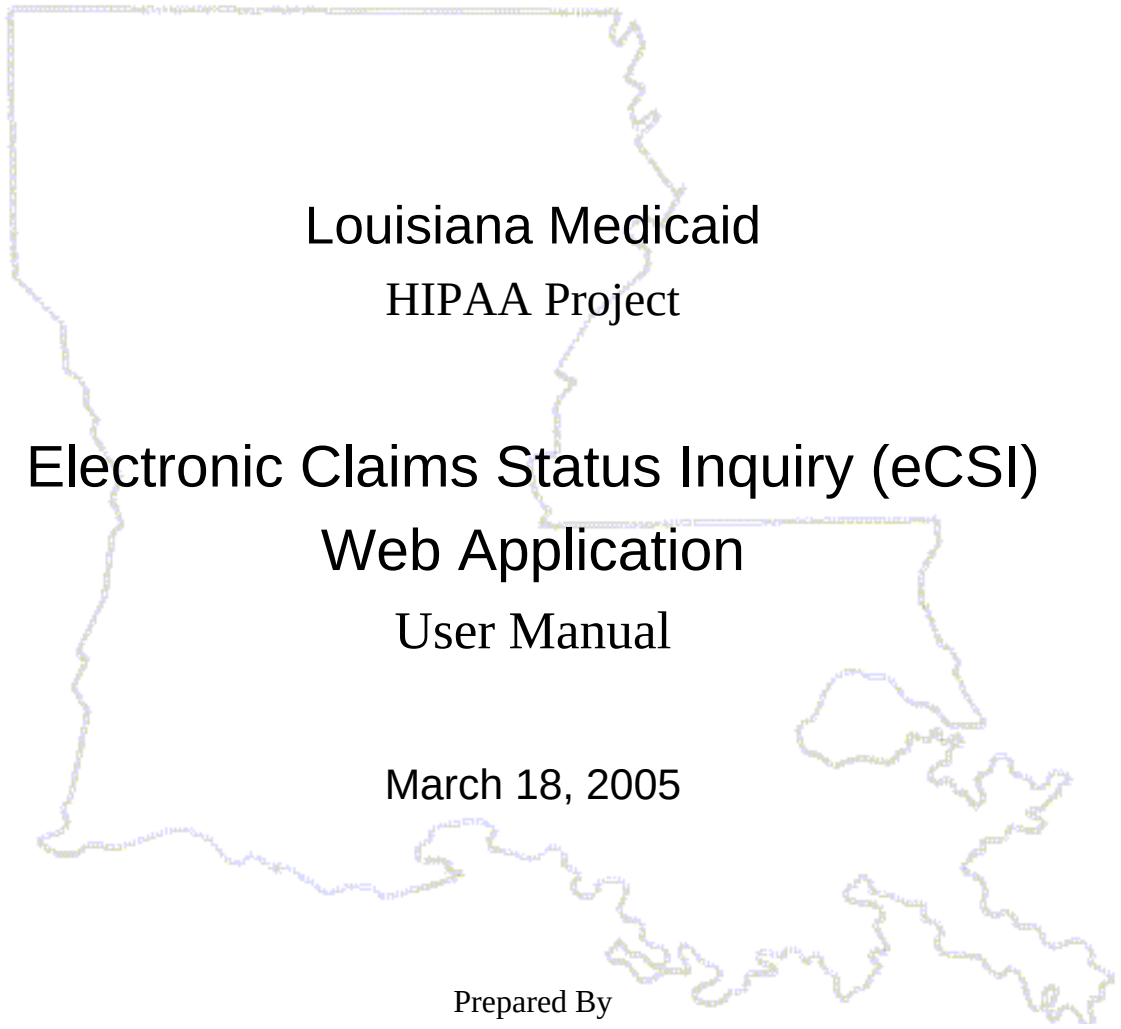
UNISYS



Louisiana Medicaid

HIPAA Project

Electronic Claims Status Inquiry (eCSI) Web Application

User Manual

March 18, 2005

Prepared By

Unisys Louisiana HIPAA Operations Team

8545 United Plaza, Suite 250

Baton Rouge, LA 70809

Change Tracking Log				
Change Date	**Changed By**	**Change Description**	**Source Type**	**Name of Source Doc.**
6-01-04	B. Vazquez	Section 1.0, 2.0, 3.0, Attachment A, and Attachment B.	E-mail	FW: eCSI User Manual.rtf
6-29-04	B. Vazquez	Section 3.1.3, Section 3.4.1, Section 3.4.2, and Attachment B.	E-mail	FW: FW: eCSI User Manual.rtf
9-13-04	B. Vazquez	Sections 2.0, and 3.0. Replaced all screens	Meeting	UAT Meeting; August, 2004
11-29-04	B. Vazquez	Sections 3.2.2 Data Fields and Section 3.4 Response Screens	E-mail	FW: System Implementation Alert #7
01-10-05	B. Vazquez	Replaced all screens containing PHI information	E-mail	RE: eCSI User Manual
02-04-05	B. Vazquez	Replaced screens on pages 5, 7, 10, and 12. Blacked out the provider last name in the screens on pages 5, 10, and 12. Blacked out the date-of-birth on the Response Screen on page 14.	E-mail	RE: eCSI User Manual
03-18-05	B. Vazquez	Section 3.2.2 and 3.3.2: Removed Org Name from Table. Section 3.1.3: Added last line to first paragraph regarding error message 0005.	E-mail	Re: eCSI User Manual

Table Of Contents

Section Number/Title ***Page***

1.0 Overview 1

2.0 Accessing the Application 2

3.0 Using the eCSI application 6

3.1 Navigating through the Application 6
3.1.1 Screen Buttons 6
3.1.2 Error Messages 8
3.1.3 Informational Messages 9
3.2 General Search Screen 9
3.2.1 Screen Samples 10
3.2.2 Data Fields 10
3.3 ICN Search Screen 11
3.3.1 Screen Samples 11
3.3.2 Data Fields 12
3.4 Response Screen 13
3.4.1 Screen Samples 14
3.4.2 Data Fields 17

Attachment A 1

Attachment B 1

1.0 OVERVIEW

The Electronic Claims Status Inquiry (eCSI) Web Application provides a secure web-based tool for providers to inquire on the status of a claim within the adjudication process. This application is accessible to all providers who have a computer with Internet access using a recent version of either Netscape Navigator or Internet Explorer browser software. Providers must establish a valid online account with Louisiana Medicaid, complete with a valid login ID and password, in order to access the web-based application.

eCSI allows providers to inquire on the status of claims (i.e. paid, denied, voided, etc) using the HIPAA compliant Transaction Set 276/277. It is a real-time application that processes in accordance with the Health Care Claim Status Request and Response 276/277 Implementation Guide, ANSI X12N 276/277 (004010X093), May 2000.

The database for the application maintains two years of claim information based on the claim's date of receipt. On a daily basis, claim activity including new claims, adjustments, voids, and pended claims is extracted and passed to the UNIX ORACLE™ Database and is processed as new activity.

Claim status inquiry and response processes are supported for all LMMIS claim types. Providers can inquire on the status of a claim by executing a search via a generic general method or by specific ICN.

This User Manual provides information on eCSI including accessing and utilizing the application.

2.0 ACCESSING THE APPLICATION

This section of the User Manual provides information on how to access the eCSI application including how to establish an online account with Louisiana Medicaid, complete with a valid login and password, and how to complete the login ID and password process.

Prior to initial use of the eCSI web application, the web browser setup must be configured. Using a web browser, such as Internet Explorer (v4.0 or higher) ensures that the latest updates to the eCSI application are displayed to the user. Refer to Attachment A, Internet Explorer Web Browser Set-Up for browser capabilities.

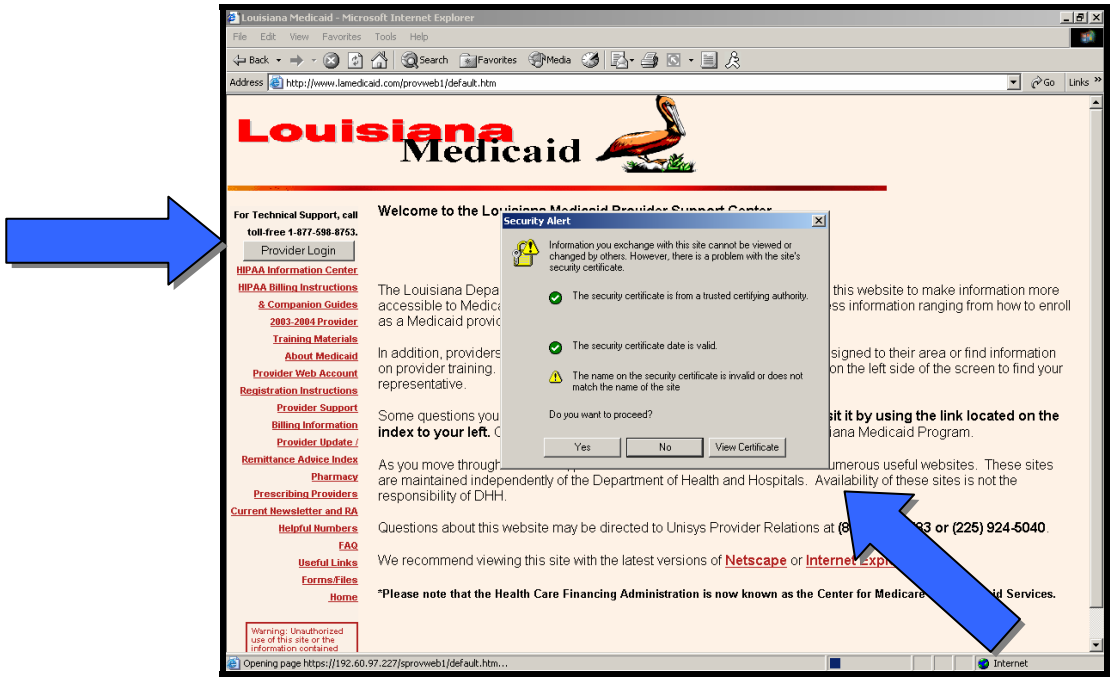
All enrolled providers, with the exception of "prescribing only" providers, have authorization to utilize the eCSI application. However, eCSI requires that providers establish an online account with Louisiana Medicaid. The Louisiana Department of Health and Hospitals (DHH) determines who is an authorized user and defines all user access capabilities. Attachment B of this manual, Provider Enrollment Instructions, contains detail instructions on how to secure a login ID and password. In addition, directions for establishing a valid online provider account are also available on the Louisiana Medicaid website at www.lamedicaid.com. The **Provider Web Account Registration Instruction** link located on the left side of the Louisiana Medicaid main menu contains the instructions for setting up an online account. Providers who are experiencing difficulty in establishing an account may contact the Unisys **Technical Support Desk at 1-877-598-8753**, Monday – Friday 8:00 a.m. – 5:00 p.m. CT or request support by e-mailing lasupport@unisys.com.

The steps to access the main menu and the eCSI application are as follows:

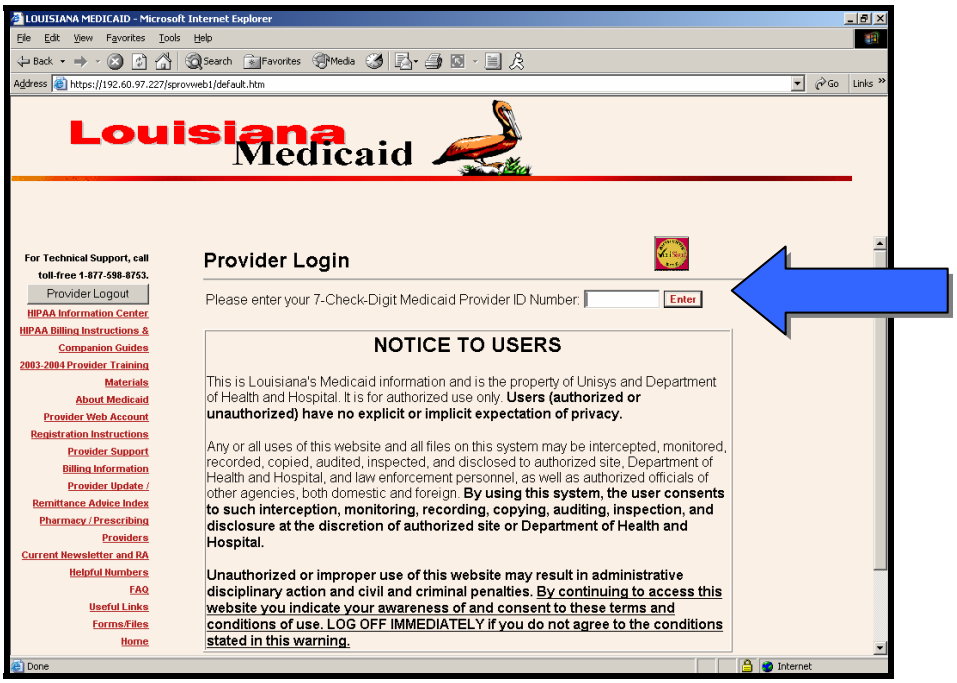
1. Open your web browser and enter the URL for the Louisiana Medicaid main menu http://www.lamedicaid.com. The following screen is displayed.

Louisiana Medicaid - Microsoft Internet Explorer
Louisiana Medicaid
For Technical Support, call toll-free 1-877-598-8753.
Provider Login
HIPAA Information Center
HIPAA Billing Instructions
& Companion Guides
2003-2004 Provider Training Materials
About Medicaid
Provider Web Account Registration Instructions
Provider Support
Billing Information
Provider Update / Remittance Advice Index
Pharmacy
Prescribing Providers
Current Newsletter and RA
Helpful Numbers
FAQ
Useful Links
Forms/Files
Home
Welcome to the Louisiana Medicaid Provider Support Center
Notice to Physicians
(March 1, 2004)
The Louisiana Department of Health and Hospitals and Unisys have created this website to make information more accessible to Medicaid providers. At this online location, providers can access information ranging from how to enroll as a Medicaid provider to directions for filling out a claim form.
In addition, providers can have direct contact with the Unisys Field Analyst assigned to their area or find information on provider training. Select the Provider Support link in the table of contents on the left side of the screen to find your representative.
Some questions you might have are already answered on our FAQ page. Visit it by using the link located on the index to your left. Click on any of these items to learn more about the Louisiana Medicaid Program.
As you move throughout the site, please note that we have included links to numerous useful websites. These sites are maintained independently of the Department of Health and Hospitals. Availability of these sites is not the responsibility of DHH.
Questions about this website may be directed to Unisys Provider Relations at (800) 473-2783 or (225) 924-5040.
We recommend viewing this site with the latest versions of Netscape or Internet Explorer.
*Please note that the Health Care Financing Administration is now known as the Center for Medicare and Medicaid Services.

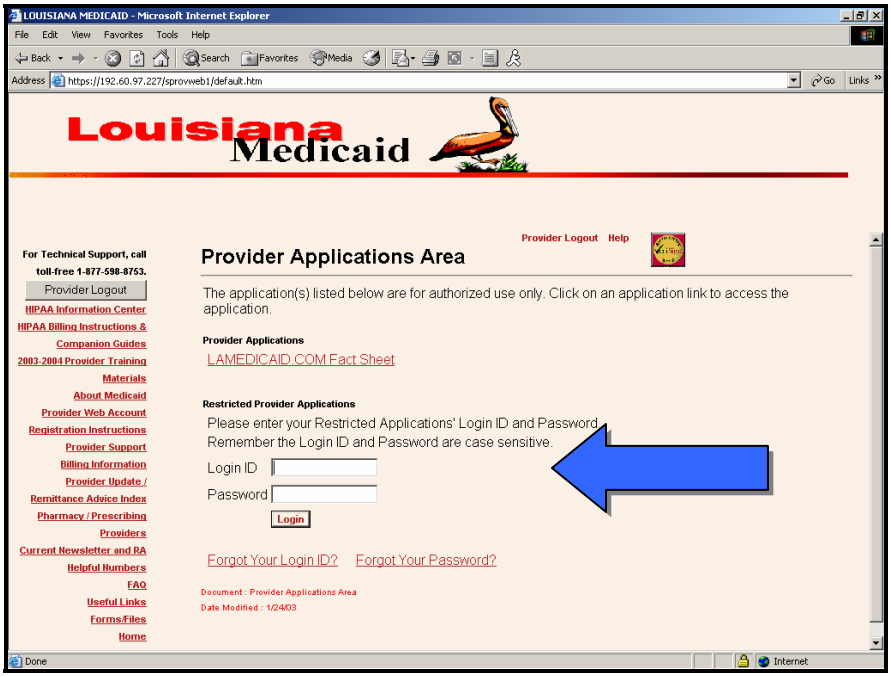
2. Select the **Provider Login** button on the left side. The following security message will appear on the screen. Select the appropriate button.


Security Alert
Information you exchange with this site cannot be viewed or changed by others. However, there is a problem with the site's security certificate.
The security certificate is from a trusted certifying authority.
The security certificate date is valid.
The name on the security certificate is invalid or does not match the name of the site
Do you want to proceed?
Yes
No
View Certificate

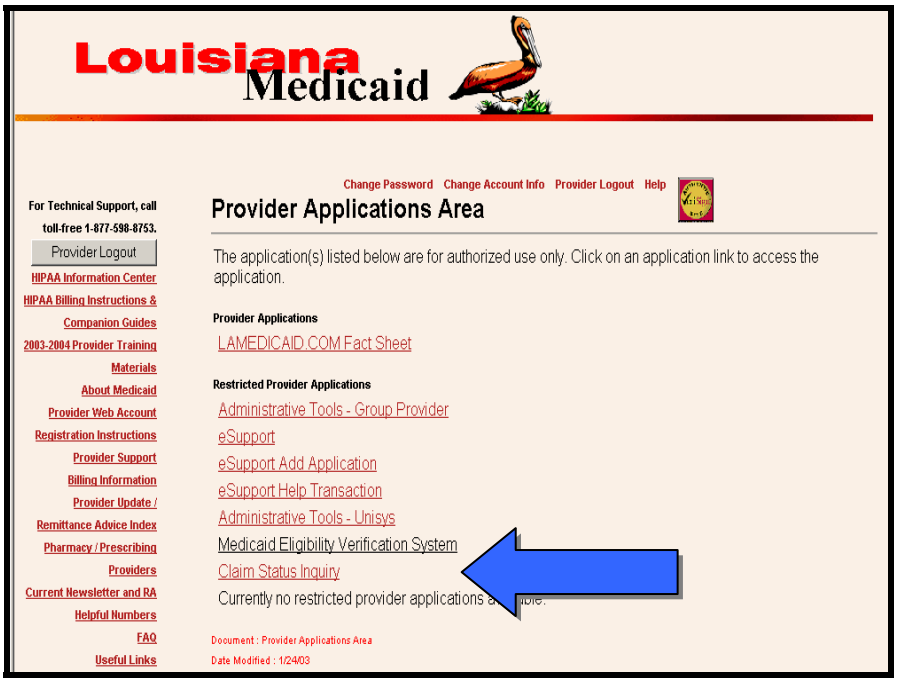
3. The **Provider Login** screen is displayed. Enter your 7-Check-Digit Medicaid Provider ID Number in the appropriate field. Select the **Enter** button.


LOUISIANA MEDICAID - Microsoft Internet Explorer
Louisiana Medicaid
For Technical Support, call toll-free 1-877-598-8753.
Provider Logout
HIPAA Information Center
HIPAA Billing Instructions & Companion Guides
2003-2004 Provider Training Materials
About Medicaid
Provider Web Account Registration Instructions
Provider Support
Billing Information
Provider Update / Remittance Advice Index
Pharmacy / Prescribing Providers
Current Newsletter and RA
Helpful Numbers
FAQ
Useful Links
Forms/Files
Home
Provider Login
Please enter your 7-Check-Digit Medicaid Provider ID Number:
Enter
NOTICE TO USERS
This is Louisiana's Medicaid information and is the property of Unisys and Department of Health and Hospital. It is for authorized use only. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy.
Any or all uses of this website and all files on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized site, Department of Health and Hospital, and law enforcement personnel, as well as authorized officials of other agencies, both domestic and foreign. By using this system, the user consents to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of authorized site or Department of Health and Hospital.
Unauthorized or improper use of this website may result in administrative disciplinary action and civil and criminal penalties. By continuing to access this website you indicate your awareness of and consent to these terms and conditions of use. LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.
Done
Internet

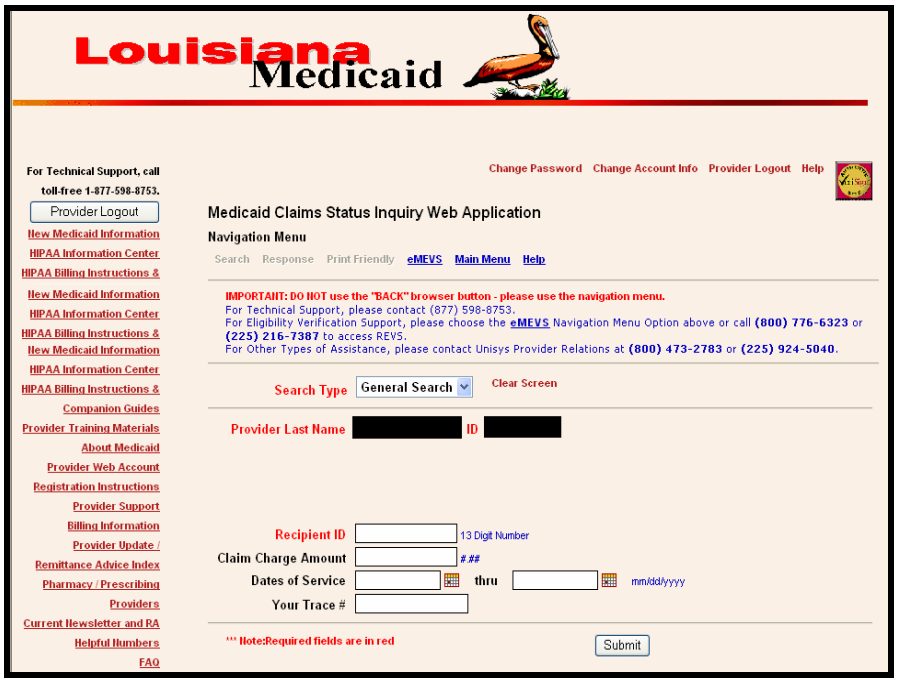
4. The **Provider Applications Area** login screen is displayed. Enter the Restricted Provider Applications' Login ID and Password in the appropriate fields. Select the **Login** button.



5. The **Provider Applications Area** screen is displayed. Select the **Claim Status Inquiry** hyperlink.


Louisiana Medicaid
Change Password Change Account Info Provider Logout Help
For Technical Support, call toll-free 1-877-598-8753.
Provider Logout
HIPAA Information Center
HIPAA Billing Instructions & Companion Guides
2003-2004 Provider Training Materials
About Medicaid
Provider Web Account Registration Instructions
Provider Support
Billing Information
Provider Update / Remittance Advice Index
Pharmacy / Prescribing Providers
Current Newsletter and RA
Helpful Numbers
FAQ
Useful Links
Provider Applications Area
The application(s) listed below are for authorized use only. Click on an application link to access the application.
Provider Applications
LAMEDICAID.COM Fact Sheet
Restricted Provider Applications
Administrative Tools - Group Provider
eSupport
eSupport Add Application
eSupport Help Transaction
Administrative Tools - Unisys
Medicaid Eligibility Verification System
Claim Status Inquiry
Currently no restricted provider applications
Document : Provider Applications Area
Date Modified : 1/24/03

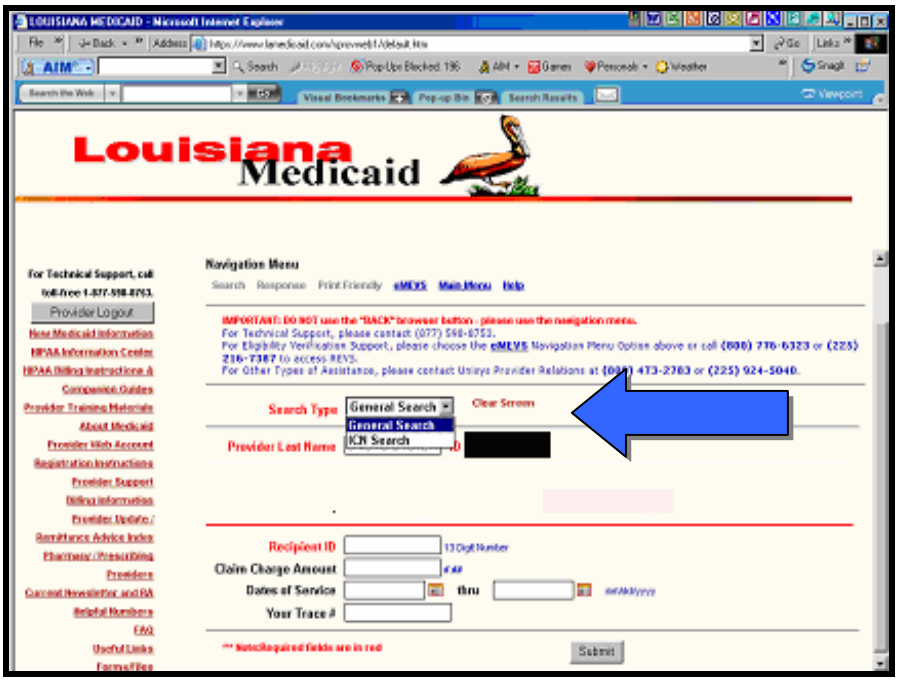
6. The **Medicaid Claims Status Inquiry Web Application** screen is displayed.


Louisiana Medicaid
Change Password Change Account Info Provider Logout Help
For Technical Support, call toll-free 1-877-598-8753.
Provider Logout
New Medicaid Information
HIPAA Information Center
HIPAA Billing Instructions & New Medicaid Information
HIPAA Information Center
HIPAA Billing Instructions & New Medicaid Information
HIPAA Information Center
HIPAA Billing Instructions & Companion Guides
Provider Training Materials
About Medicaid
Provider Web Account Registration Instructions
Provider Support
Billing Information
Provider Update / Remittance Advice Index
Pharmacy / Prescribing Providers
Current Newsletter and RA
Helpful Numbers
FAQ
Medicaid Claims Status Inquiry Web Application
Navigation Menu
Search Response Print Friendly eMEVS Main Menu Help
IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.
For Technical Support, please contact (877) 598-8753.
For Eligibility Verification Support, please choose the eMEVS Navigation Menu Option above or call (800) 776-6323 or (225) 216-7387 to access REVS.
For Other Types of Assistance, please contact Unisys Provider Relations at (800) 473-2783 or (225) 924-5040.
Search Type General Search
Clear Screen
Provider Last Name
ID
Recipient ID
13 Digit Number
Claim Charge Amount
#.##
Dates of Service
thru
mm/dd/yyyy
Your Trace #
*** Note:Required fields are in red
Submit

3.0 USING THE eCSI APPLICATION

This section of the User Manual presents information on navigating through the application, general search inquiry, ICN search inquiry, and the response transaction. Providers are able to inquire on the status of a claim by performing a general search or an ICN specific search. These two different search methods are provided in a pull down menu in the Search Type field.

eCSI Search Type Methods



A provider is able to utilize the billing provider number or the servicing provider number; whichever the provider used to log into the application. If a billing provider number is used, eCSI returns all claims for that billing provider regardless of the servicing provider. If a servicing provider number is used, eCSI will returns only claims where that provider is the servicing provider.

3.1 Navigating through the Application

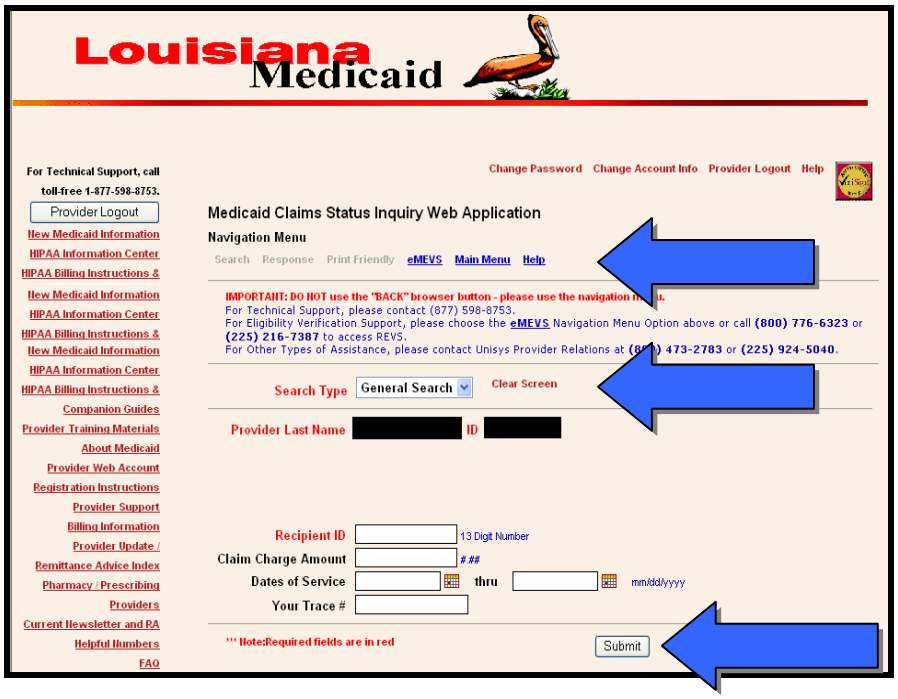
This subsection provides information on navigating through the eCSI application.

3.1.1 Screen Buttons

The selection processing functions that appear on the eCSI web user screen pages assist the user in navigating through the application. There are five navigational links that appear across the top of the web screen. These links are disabled if the function is not available from a particular screen. In addition, the Clear Screen link appears in the

middle of the screen. If the user's mouse hovers, i.e., remains stationary for a period of time over one of these links, a message appears to identify the purpose of the link.

eCSI Navigation Menu Links



- Select the ***Search*** link to perform a Claims Status Inquiry search by ICN or General Method
- Select the ***Response*** link to view the claims status response screen
- Select the ***Print Friendly*** link to view a print friendly version of the response screen
- Select the ***eMEVS*** link to access the electronic Medicaid Eligibility Verification System
- Select the ***Main Menu*** link to discontinue current processing at any page and return to the Provider Applications Area Main Menu.
- Select the ***Help*** link to obtain field specific help information.
- Select the ***Clear Screen*** link to clear a page and reset the page data fields to their default values.

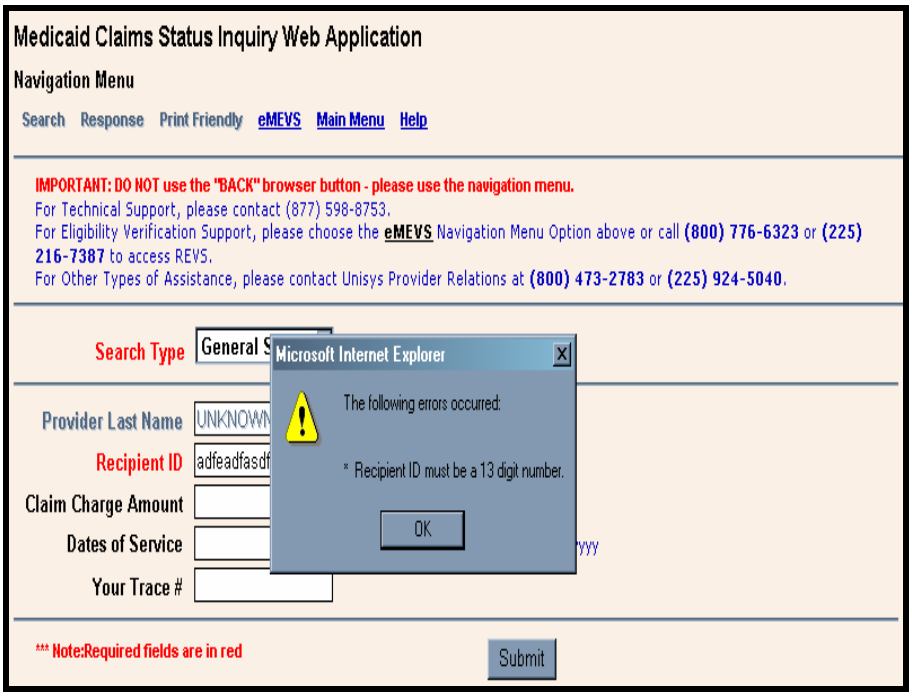
There is a selection-processing button that appears in the lower right hand corner of the web screen.

- Select the ***Submit*** button to process the data entered on a screen.

3.1.2 Error Messages

eCSI provides logical, user-friendly error messages during processing to inform the user that an error has occurred and corrective action is needed. When an error is detected, a user is informed via a message box that an error has occurred. The error message identifies the corrective action needed to fix the error. If a required field is blank when the user selects the ***Submit*** button, an error message dialog box is displayed indicating that the required field(s) is blank. Most text fields require a certain number of characters to be entered. If fewer than the required number of characters is entered, a message will inform the user that a minimum number of characters must be entered. This sequence continues until the user has entered the appropriate information in all required fields. If data entered in a specific field is in an incorrect format; i.e., alphabetic instead of numeric data in a numeric field, then a message is returned identifying the error. All data must be entered in the correct format before processing continues. The following is an example of an error message.

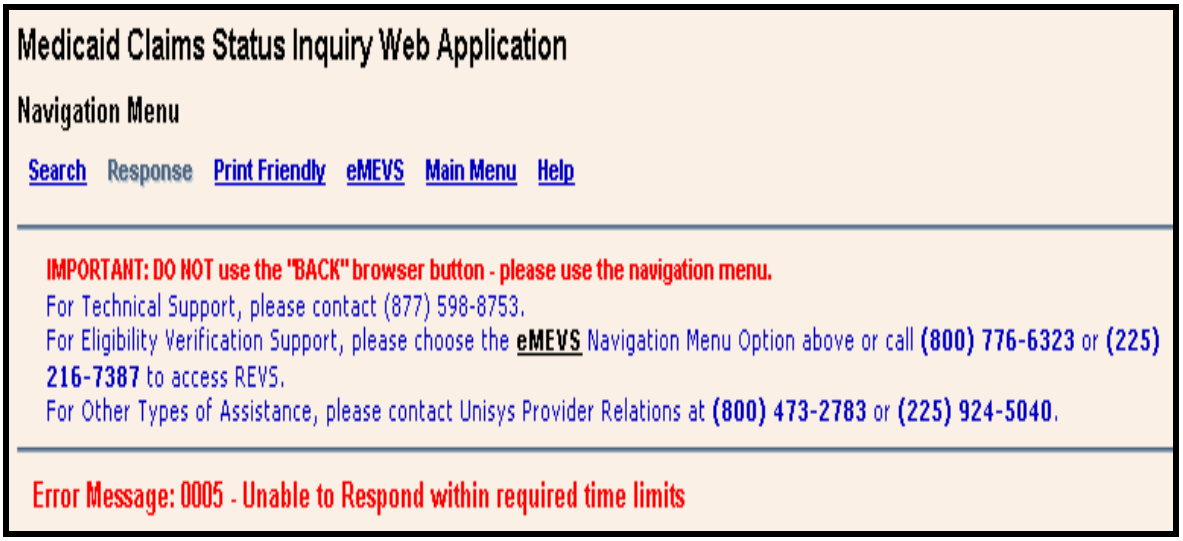
eCSI Error Message


Medicaid Claims Status Inquiry Web Application
Navigation Menu
Search Response Print Friendly eMEVS Main Menu Help
IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.
For Technical Support, please contact (877) 598-8753.
For Eligibility Verification Support, please choose the eMEVS Navigation Menu Option above or call (800) 776-6323 or (225) 216-7387 to access REVS.
For Other Types of Assistance, please contact Unisys Provider Relations at (800) 473-2783 or (225) 924-5040.
Search Type
Provider Last Name
Recipient ID
Claim Charge Amount
Dates of Service
Your Trace #
Microsoft Internet Explorer
The following errors occurred:
* Recipient ID must be a 13 digit number.
OK
*** Note:Required fields are in red
Submit

3.1.3 Informational Messages

During eCSI web screens processing, the user is kept aware of the processing status through the use of informational messages. If an informational message is received the user does not have to initiate a corrective action. The message is for informational purposes solely and the processing continues. The following is an example of an informational message that is executed when the server is down and the user needs to try again later.

eCSI Informational Message


Medicaid Claims Status Inquiry Web Application
Navigation Menu
Search Response Print Friendly eMEVS Main Menu Help
IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.
For Technical Support, please contact (877) 598-8753.
For Eligibility Verification Support, please choose the eMEVS Navigation Menu Option above or call (800) 776-6323 or (225) 216-7387 to access REVS.
For Other Types of Assistance, please contact Unisys Provider Relations at (800) 473-2783 or (225) 924-5040.
Error Message: 0005 - Unable to Respond within required time limits

3.2 General Search Screen

The eCSI General Search methodology is discussed in this subsection. This search methodology can return multiple claims that meet the parameters supplied by the provider when the inquiry does not uniquely identify a claim within the system. The provider may enter unique identifying elements to obtain an exact match. The system automatically populates the Provider Last Name and Provider ID fields based on the authentication process that occurs when a provider logs into the application. The provider is required to enter the Recipient ID number only; however, there are other search elements available for inquiry purposes. Required fields are denoted in red on the web screen. When a General Search inquiry is initiated, the eCSI application always checks the database against the following match criteria:

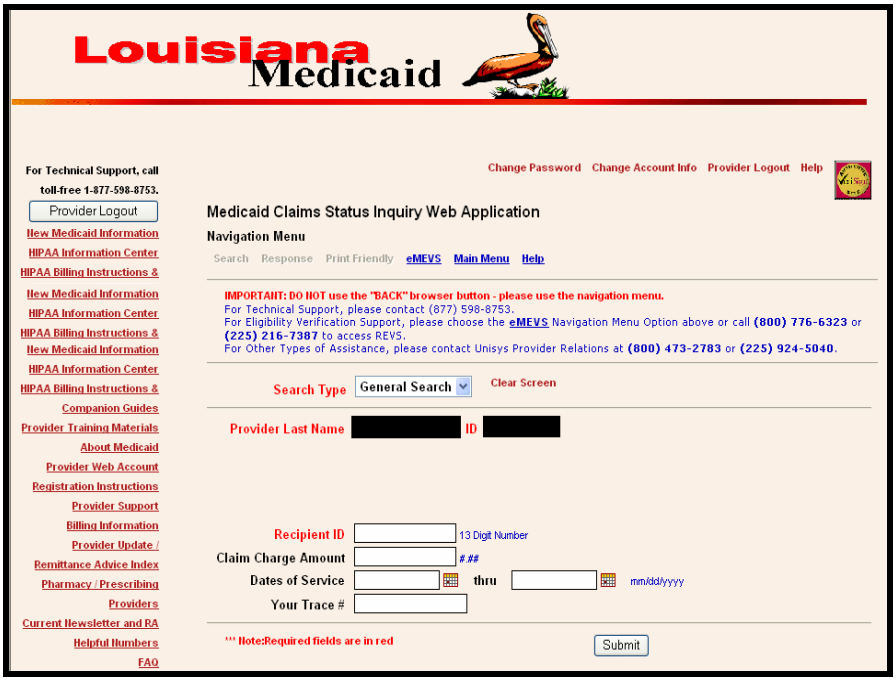
- Provider (Billing or Servicing)
- Recipient ID

eCSI returns all claims where there is a match on provider and recipient ID. If the provider has entered incorrect information in a field, the correct data echoes back.

3.2.1 Screen Samples

The following is an example of a General Search Home Screen.

eCSI General Search



3.2.2 Data Fields

Required fields are denoted in red on the web screen. All required data fields must contain valid entries before processing continues. The following table designates which fields are required.

Field Name	Required	Data Validation
Search Type	Yes	Use the dropdown box to select General Search or ICN Search.
Provider Last Name	Yes	Maximum length – 13 characters (alphanumeric). This field is automatically populated based on the provider log in authentication information.
Provider ID	Yes	7 digits (numeric). This field is automatically populated based on the provider log in authentication information.
Recipient ID	Yes	13 digits (numeric).
Claim Charge Amount	No	Numeric with 2 decimal places.

Field Name	Required	Data Validation
Dates of Service	No	Type in dates of service or click on popup calendar and select calendar options. If only a beginning date of service is entered, the ending date of service will auto populate with the same date of service.
Your Trace #	No	The provider's unique code to link a transaction to a recipient.

eCSI validates selected fields to ensure that data is entered in an acceptable format and range criterion. Many data fields require information to be entered in a specific format. If the data entered is not in the proper format, a message and an example of the required format are displayed. Processing continues after all data on the page is entered in the correct format.

Character fields accept alphabetic, numeric, and special character data. Character fields are NOT case sensitive for alphabetic characters. Numeric fields accept only numeric values. Monetary amounts must be a number with 2 decimal places. No dollar signs and positive/negative signs are accepted.

3.3 ICN Search Screen

The eCSI ICN Search methodology is discussed in this subsection. This search methodology can uniquely identify a claim within the system by matching the ICN. eCSI automatically populates the Provider Last Name, and Provider ID fields based on the authentication process that occurs when a provider logs into the application. The provider is required to enter the ICN only. Required fields are denoted in red on the web screen. When an ICN search inquiry is initiated, the eCSI application checks the database against the following match criteria:

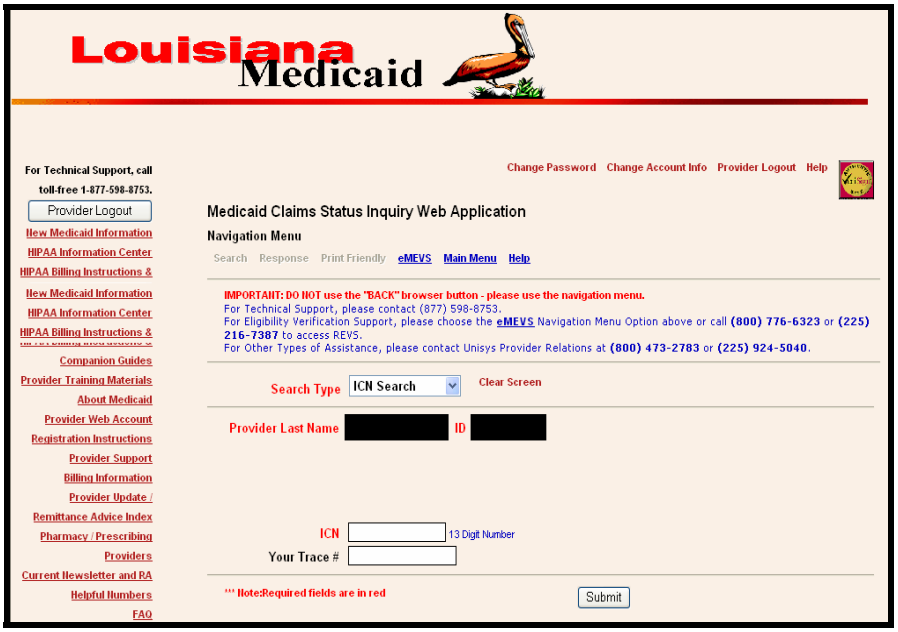
- Provider (Billing or Servicing)
- ICN

eCSI returns all claims where there is a match on provider and ICN. If the provider has entered incorrect information in a field, eCSI will echo back the correct data.

3.3.1 Screen Samples

The following is an example of an ICN Search Home Screen.

eCSI Search by ICN



3.3.2 Data Fields

Required fields are denoted in red on the web screen. All required data fields must contain valid entries before processing continues. The following table designates which fields are required.

Field Name	Required	Data Validation
Search Type	Yes	Use the dropdown box to select General Search or ICN Search.
Provider Last Name	Yes	Maximum length – 13 characters (alphanumeric). This field is automatically populated based on the provider log in authentication information.
Provider ID	Yes	7 digits (numeric). This field is automatically populated based on the provider log in authentication information.
ICN	Yes	13 digits (numeric)
Your Trace #	No	The provider's unique code to link a transaction to a recipient.

3.4 Response Screen

When all required fields of the inquiry page have been entered and the **Submit** button is selected, the message is sent to the eCSI system. The application returns a response providing information about a claim once a match has been established using the search criteria. All original search data that has been entered on the inquiry page will be displayed on the response screen. Related data is grouped together by subject matter.

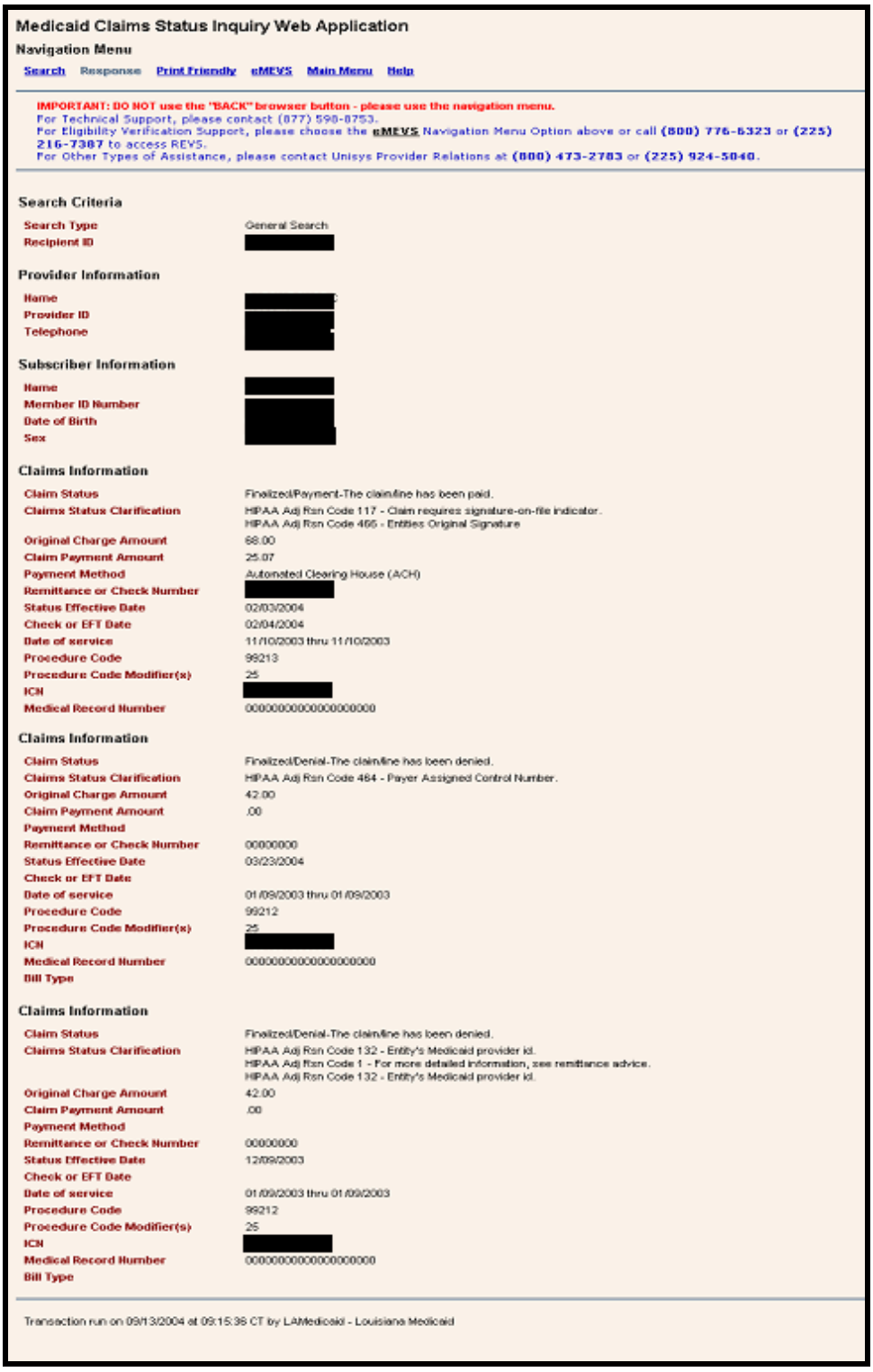
An ICN Search uniquely identifies a claim, thus the response is an exact match. For inquiries by ICN, it is possible to return status information about the claim history starting with the ICN that is input. For example, if the original claim were adjusted twice, and the original ICN is input, there would be (chronologically) three ICNs associated with the claim; the original and two adjustments. The response will contain information regarding the ICN on the inquiry, plus all subsequent adjustments.

If the provider does not supply unique identifying elements and initiates a General Search, the response includes multiple claims that meet the parameters supplied by the provider.

3.4.1 Screen Samples

The following is an example of a General Response Screen. This response includes multiple claims because only the Recipient ID was entered for the inquiry.

eCSI General Response Screen



Medicaid Claims Status Inquiry Web Application

Navigation Menu

Search Response Print Friendly eMEVS Main Menu Help

IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.
For Technical Support, please contact (877) 598-8753.
For Eligibility Verification Support, please choose the eMEVS Navigation Menu Option above or call (800) 776-6323 or (225) 216-7387 to access MEVS.
For Other Types of Assistance, please contact Unisys Provider Relations at (800) 473-2783 or (225) 924-5040.

Search Criteria

Search Type	General Search
Recipient ID	[redacted]

Provider Information

Name	[redacted]
Provider ID	[redacted]
Telephone	

Subscriber Information

Name	[redacted]
Member ID Number	[redacted]
Date of Birth	
Sex	

Claims Information

Claim Status	Finalized/Payment-The claim/line has been paid.
Claims Status Clarification	HIPAA Adj Rsn Code 117 - Claim requires signature-on-file indicator. HIPAA Adj Rsn Code 466 - Entities Original Signature
Original Charge Amount	68.00
Claim Payment Amount	25.07
Payment Method	Automated Clearing House (ACH)
Remittance or Check Number	[redacted]
Status Effective Date	02/03/2004
Check or EFT Date	02/04/2004
Date of service	11/10/2003 thru 11/10/2003
Procedure Code	99213
Procedure Code Modifier(s)	25
ICN	[redacted]
Medical Record Number	00000000000000000000

Claims Information

Claim Status	Finalized/Denial-The claim/line has been denied.
Claims Status Clarification	HIPAA Adj Rsn Code 484 - Payer Assigned Control Number.
Original Charge Amount	42.00
Claim Payment Amount	.00
Payment Method	
Remittance or Check Number	00000000
Status Effective Date	03/23/2004
Check or EFT Date	
Date of service	01/09/2003 thru 01/09/2003
Procedure Code	99212
Procedure Code Modifier(s)	25
ICN	[redacted]
Medical Record Number	00000000000000000000
Bill Type	

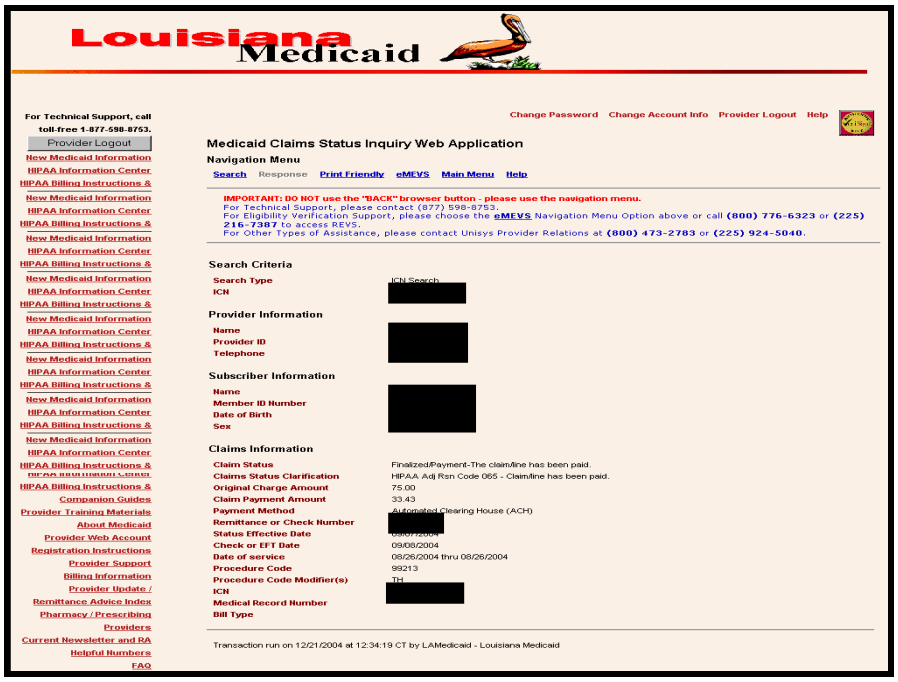
Claims Information

Claim Status	Finalized/Denial-The claim/line has been denied.
Claims Status Clarification	HIPAA Adj Rsn Code 132 - Entity's Medicaid provider id. HIPAA Adj Rsn Code 1 - For more detailed information, see remittance advice. HIPAA Adj Rsn Code 132 - Entity's Medicaid provider id.
Original Charge Amount	42.00
Claim Payment Amount	.00
Payment Method	
Remittance or Check Number	00000000
Status Effective Date	12/09/2003
Check or EFT Date	
Date of service	01/09/2003 thru 01/09/2003
Procedure Code	99212
Procedure Code Modifier(s)	25
ICN	[redacted]
Medical Record Number	00000000000000000000
Bill Type	

Transaction run on 09/13/2004 at 09:15:38 CT by LAMedicaid - Louisiana Medicaid

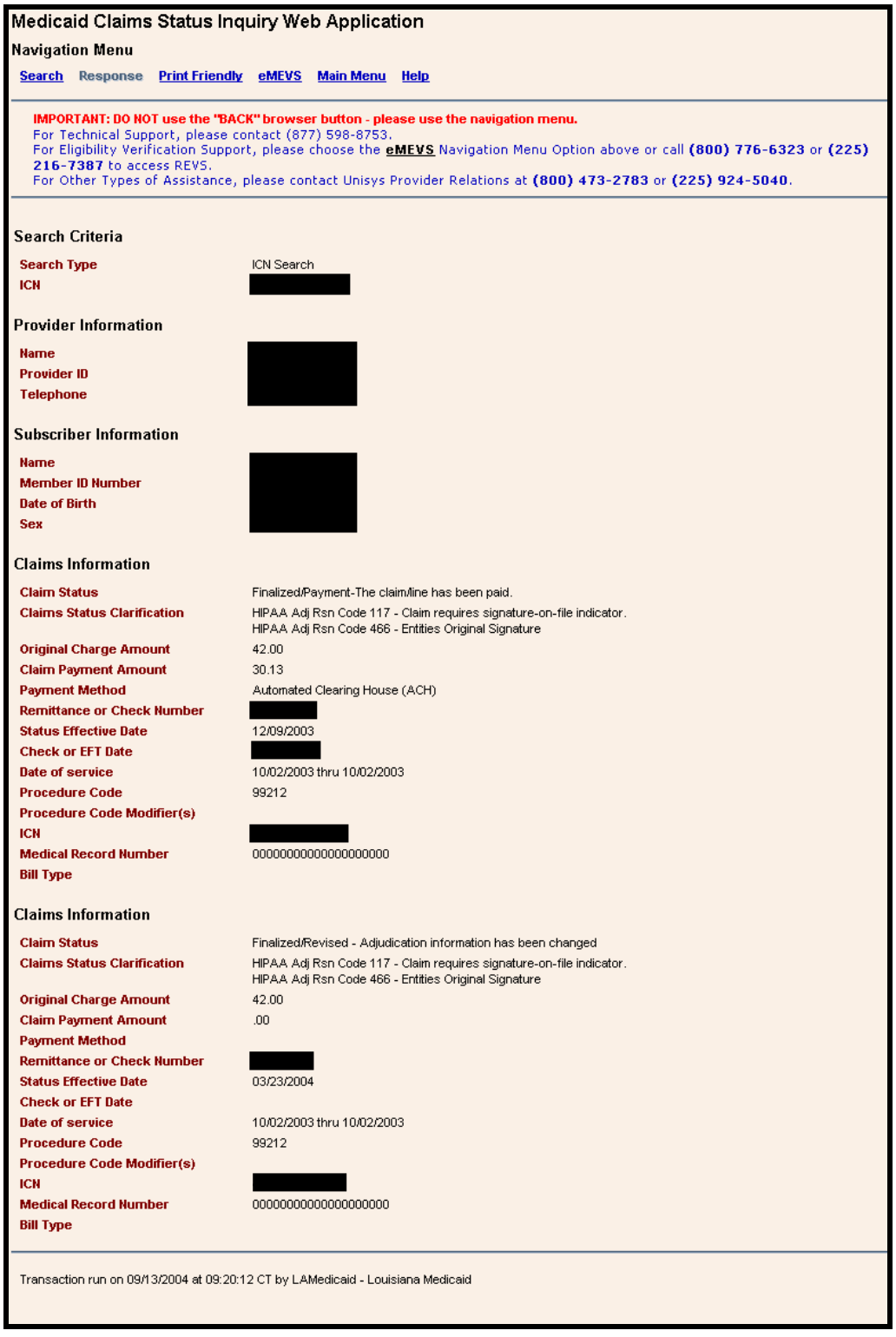
The following is an example of an ICN Search Response Screen. This response is an exact match because the ICN Search uniquely identifies a claim.

eCSI ICN Search Response Screen


Louisiana Medicaid
For Technical Support, call toll-free 1-877-598-8753.
Provider Logout
New Medicaid Information
HIPAA Information Center
HIPAA Billing Instructions &
Companion Guides
Provider Training Materials
About Medicaid
Provider Web Account
Registration Instructions
Provider Support
Billing Information
Provider Update / Remittance Advice Index
Pharmacy / Prescribing Providers
Current Newsletter and RA
Helpful Numbers
FAQ
Change Password Change Account Info Provider Logout Help
Medicaid Claims Status Inquiry Web Application
Navigation Menu
Search Response Print Friendly eMEVS Main Menu Help
IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.
For Technical Support, please contact (877) 598-8753.
For Eligibility Verification Support, please choose the eMEVS Navigation Menu Option above or call (800) 776-6323 or (225) 216-7387 to access REVS.
For Other Types of Assistance, please contact Unisys Provider Relations at (800) 473-2783 or (225) 924-5040.
Search Criteria
Search Type ICN Search
ICN [redacted]
Provider Information
Name [redacted]
Provider ID
Telephone
Subscriber Information
Name [redacted]
Member ID Number
Date of Birth
Sex
Claims Information
Claim Status Finalized/Payment-The claim/line has been paid.
Claims Status Clarification HIPAA Adj Rsn Code 065 - Claim/line has been paid.
Original Charge Amount 75.00
Claim Payment Amount 33.43
Payment Method Automated Clearing House (ACH)
Remittance or Check Number [redacted]
Status Effective Date
Check or EFT Date 09/08/2004
Date of service 08/26/2004 thru 08/26/2004
Procedure Code 99213
Procedure Code Modifier(s) TH
ICN [redacted]
Medical Record Number
Bill Type
Transaction run on 12/21/2004 at 12:34:19 CT by LAMedicaid - Louisiana Medicaid

The following is an example of an ICN Search Response Screen where the original claim and an adjustment are displayed.

eCSI ICN Search Response Screen (Adjustment)



Medicaid Claims Status Inquiry Web Application

Navigation Menu

Search | Response | Print Friendly | eMEVS | Main Menu | Help

IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.
For Technical Support, please contact (877) 598-8753.
For Eligibility Verification Support, please choose the eMEVS Navigation Menu Option above or call (800) 776-6323 or (225) 216-7387 to access REVS.
For Other Types of Assistance, please contact Unisys Provider Relations at (800) 473-2783 or (225) 924-5040.

Search Criteria

Search Type	ICN Search
ICN	[redacted]

Provider Information

Name	[redacted]
Provider ID	
Telephone	

Subscriber Information

Name	[redacted]
Member ID Number	
Date of Birth	
Sex	

Claims Information

Claim Status	Finalized/Payment-The claim/line has been paid.
Claims Status Clarification	HIPAA Adj Rsn Code 117 - Claim requires signature-on-file indicator. HIPAA Adj Rsn Code 466 - Entities Original Signature
Original Charge Amount	42.00
Claim Payment Amount	30.13
Payment Method	Automated Clearing House (ACH)
Remittance or Check Number	[redacted]
Status Effective Date	12/09/2003
Check or EFT Date	[redacted]
Date of service	10/02/2003 thru 10/02/2003
Procedure Code	99212
Procedure Code Modifier(s)	
ICN	[redacted]
Medical Record Number	00000000000000000000
Bill Type	

Claims Information

Claim Status	Finalized/Revised - Adjudication information has been changed
Claims Status Clarification	HIPAA Adj Rsn Code 117 - Claim requires signature-on-file indicator. HIPAA Adj Rsn Code 466 - Entities Original Signature
Original Charge Amount	42.00
Claim Payment Amount	.00
Payment Method	
Remittance or Check Number	[redacted]
Status Effective Date	03/23/2004
Check or EFT Date	
Date of service	10/02/2003 thru 10/02/2003
Procedure Code	99212
Procedure Code Modifier(s)	
ICN	[redacted]
Medical Record Number	00000000000000000000
Bill Type	

Transaction run on 09/13/2004 at 09:20:12 CT by LAMedicaid - Louisiana Medicaid

3.4.2 Data Fields

The Electronic Claim Status Inquiry application returns a response providing the following information about a claim.

Field Name	Data Validation
Search Criteria	
Search Type	Denotes whether search mechanism was General or ICN
ICN	If ICN search methodology was entered denotes the ICN number
Provider Information	
Name	Provides the name of the servicing provider.
Provider ID	Denotes the ID number for the servicing provider.
Telephone	Provides the area code and telephone number for the servicing provider.
Subscriber Information	
Name	Provides the name of the subscriber.
Member ID Number	Denotes the ID number for the subscriber.
Date of Birth	Provides the date of birth for the subscriber.
Sex	Provides the sex of the subscriber.
Claim Information	
Claim Status	Denotes whether a claim has been paid, denied, or pended. Provides any corrective action that is needed.
Claims Status Clarification	Explains in further detail the status of the claim.
Original Charge Amount	Provides the original charge amount submitted by the provider.
Claim Payment Amount	Provides the amount paid by the payor
Payment Method	Denotes how the payment was made. The alternatives are Automated Clearing House (ACH), Financial Institution Option, Federal Reserve Funds/Wire Transfer, or non-payment data.
Remittance or Check Number	The Remittance or Check number.

Field Name	Data Validation
Status Effective Date	Provides the date of the information being returned.
Check or EFT Date	The date the check or EFT was sent.
Date of Service	Provides the date of service of the claim.
Procedure Code	Details the procedure code.
Procedure Code Modifier(s)	Provides the procedure code modifier(s) if applicable.
ICN	13-digit numeric Internal Control Number.
Medical Record Number	An internal number assigned by the provider.
Bill Type	Code designation that is returned if the claim was associated with a UB92 claim.
Timestamp	The date and time that the eCSI response was generated.

ATTACHMENT A
Internet Explorer Web Browser Set-Up

ATTACHMENT A – Web Browser Set-Up

Prior to initial use of the eCSI Web User Screens, the web browser setup must be implemented. This will ensure that the latest change information is displayed to the user. Using a Web Browser, compatible with Internet Explorer (v4.0 or higher):

- Select the ***Tools*** menu selection.
- Select the ***Internet Options*** selection.
- At the General Tab page, under the Temporary Internet Files section, select the ***Settings*** button.
- At the Settings page, select the ***Every visit to the page*** radio button.
- Select the ***OK*** button on the Settings page.
- Select the ***OK*** button on the Internet Options page.

ATTACHMENT B
Louisiana Medicaid Provider Online Accounts
(Provider Enrollment Instructions)

Louisiana Medicaid Provider Online Accounts

I. INTRODUCTION

1. LAMEDICAID.COM has several applications (eCCR, eCDI, eCSI, eMEVS, eRA) that can be used by Louisiana Medicaid providers. These applications require that providers establish an online account with LAMEDICAID.COM.

2. What do you need to establish an online account with LAMEDICAID.COM?
   - A valid 7-digit Provider ID number assigned by Louisiana Medicaid.
   - An Internet account with an Internet Service Provider (not provided by DHH or Unisys).
   - A valid e-mail address (not provided by DHH or Unisys).
   - A Web browser that supports SSL with 128-bit encryption; for example, Microsoft Internet Explorer v5 or v6 or Netscape Navigator v6 or v7.

3. The instructions below will help you establish the Confidential Account Identification Codes that you need to access the LAMEDICAID.COM applications.

II. INSTRUCTIONS FOR ESTABLISHING AN ACCOUNT ON LAMEDICAID.COM

Note: Detailed instructions for the parts below follow on the next page.

Part I: You create your own login ID, challenge word, and challenge number; and you are assigned a temporary password by Unisys.

Part II: You create a permanent password for your account.

Part III: Your permanent password will expire every 180 days and you will be prompted at that time to change it to another password.

Use the table below to record your login ID, temporary password, challenge word, challenge number, and permanent password:

7-Digit Medicaid Provider ID Number:	
Login ID:	
Temporary Password:	
Challenge Word:	
Challenge Number:	
Permanent Password:	

If you have any trouble with this process, please contact Unisys toll-free at **1-877-598-8753**.

Part One: Create your own Login ID, Challenge Word and Challenge Number

Step 1.

Open your Web browser and go to www.lamedicaid.com

Step 2.

Click on the **Provider Login** button.

Step 3.

Enter your 7-Digit Medicaid Provider ID Number.

Click on the **Enter** button.

Step 4.

Read the "Terms of Use Agreement".

Louisiana Medicaid
Provider Logout
Terms of Use Agreement
Agreement for Use of the Louisiana Medicaid Provider Web Site

Step 5.

At the bottom of the "Terms of Use Agreement" are two buttons: **Accept** and **Decline**.

Click on the button that indicates your action. If you accept, you will continue to Step 6. If you decline, the process is terminated and you will not be allowed to access restricted applications on LAMEDICAID.com.

Step 6.

Enter the following information:

- your First Name,
- your Middle Initial,
- your Last Name,
- your telephone number,
- your fax number,
- your e-mail address,
- a login ID of your choice (see note below)
- a challenge word of your choice (see note below), and
- a challenge number of your choice (see note below).

NOTES:

Your **login ID** must be between 5 and 15 letters and/or numbers, and it is case-sensitive.

Your **challenge word** must be between 8 and 15 letters. It is not case-sensitive.

Your **challenge number** must be 5 digits.

Write down these three codes in the table on page 1 of this document.

Click on the **Submit** button.

Step 7.

A message will appear telling you that you have completed the first part of the new account process.

Click on the **OK** button.

Step 8.

Close your Web browser.

Within an hour (approximately), you should receive an e-mail message from lasupport@unisys.com, which contains your temporary password.

Once you get your temporary password, you can proceed to Part 2 on the next page.

YOU MUST USE YOUR TEMPORARY PASSWORD ALONG WITH YOUR LOGIN ID AND CHALLENGE WORD WITHIN 5 DAYS OF RECEIPT OF THE E-MAIL IN ORDER TO ESTABLISH A PERMANENT PASSWORD.

If you do not use your temporary password within the 5 day period, please call Unisys toll-free at **1-877-598-8753**.

Part Two: Create a Permanent Password

Step 1.

Open your Web browser and go to www.lamedicaid.com

Step 2.

Click on the **Provider Login** button.

Step 3.

Enter your 7-Digit Medicaid Provider ID Number.

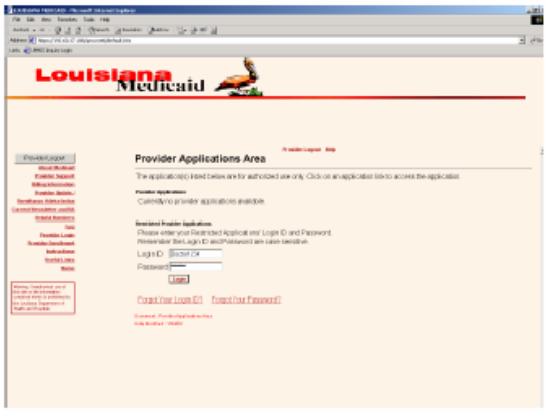
Click on the **Enter** button.

Step 4.

Enter your Login ID.

Enter the temporary password you received by e-mail from Unisys.

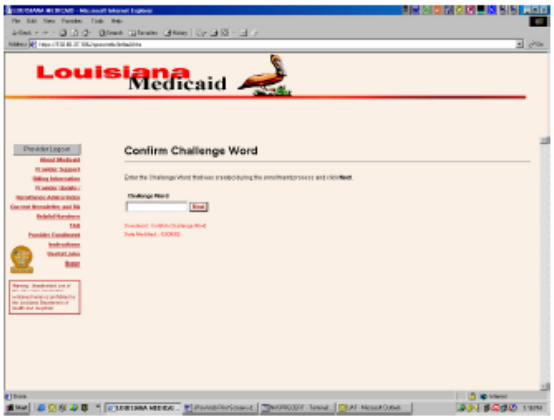
Click on the **Login** button.



Step 5.

Enter your Challenge Word.

Click on the **Next** button.



Step 6.

Enter your Challenge Number.

Click on the **Next** button.

Step 7.

Create and record (on page 1) your new password. You will need to enter the same password twice.

Note: The new password must be between 5 and15 letters and/or numbers, and it is case-sensitive.

Click on the **Change Password** button.

Write down your new password in the table on page 1 of this document.

You have completed the entire account activation process. From this point, you will use your LOGIN ID and PERMANENT PASSWORD to access LAMEDICAID.COM.

Part Three: Change your Permanent Password

NOTE: Your permanent password will expire after 180 days and you will be prompted to change it.

Step 1.

Enter your new password in both boxes: New Password and Confirm Password.

Note: The new password must be between 5 and15 letters and/or numbers, and it is case-sensitive.

Click on the **Change Password** button.